

IAP15 Rec'd PCT/PTO 19 JAN 2006

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: FLOW CHANNEL FOR LIQUIDS

Attorney Docket Number:: 970054.502USPC

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Aloys
Middle Name::
Family Name:: Wobben
Name Suffix::
City of Residence:: Aurich
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Argestrasse 19
City of mailing address:: Aurich
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 26607

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

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|----------------------------------|--|--------------|
| Representative Customer Number:: | | 00500 |
|----------------------------------|--|--------------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2004/002961 | 03/20/04 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Germany | 103 33 477.7 | 07/22/03 | Yes |
| | | | |

Assignee Information

| | |
|---|--|
| Assignee name:: | |
| Street of mailing address:: | |
| City of mailing address:: | |
| State or Province of mailing address:: | |
| Country of mailing address:: | |
| Postal or Zip Code of mailing address:: | |

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